

|               |             |       |                |                     |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/210,055    | 12/11/98    | 345   | 2773           | 884.055US1          |

APPLICANT

JOHN DAVID MILLER, PORTLAND, OR.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

AT Done

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

AT Done

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

AT Done

FOREIGN FILING LICENSE GRANTED 01/12/99

|   |   |                        |                     |                    |                         |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>OR | SHEETS DRAWING<br>2 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>6 |
| Verified and Acknowledged                                   | <u>AT</u><br>Examiner's Initials  |                        |                     |                    |                         |

SEE CUSTOMER NUMBER: 021186

ADDRESS

TITLE

METHOD AND APPARATUS FOR CONTROLLING IMAGE TRANSPARENCY

|                     |   |   |
|---------------------|---|---|
| FILING FEE RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| \$994               |   |   |